

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002814

**Entity Name:** COMMUNITY REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

623 BEECHWOOD ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

623 BEECHWOOD ST  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-3198739

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOODMAN, ERAKAL  
623 BEECHWOOD STREET  
JACKSONVILLE, FL 32206 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ERAKAL GOODMAN

03/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SEYMORE, LEON  
Address 525 NEW BRUNSWICK TERRACE  
City-State-Zip: JACKSONVILLE FL 32221

Title VC  
Name TYSON, R L  
Address 3139 DANDRIDGE DRIVE  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEON SEYMORE

CHAIRMAN

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date